

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

New Trier Democratic Org-Fed

ADDRESS (number and street)

800 Oak

☐Check if different
than previously
reported. (ACC)

Winnetka

IL

60093

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00422519

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☒July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Marvin Miller

Signature of Treasurer

Electronically Filed by Marvin Miller

Date

07

05

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
New TrierDemocratic Org-Fed

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	12835.00	12835.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12835.00	12835.00
7. Total Disbursements (from Line 31)	1683.14	1683.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11151.86	11151.86
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

New TrierDemocratic Org-Fed

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11000.00	11000.00
(i) Itemized (use Schedule A)	1835.00	1835.00
(ii) Unitemized	12835.00	12835.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	12835.00	12835.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12835.00	12835.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12835.00	12835.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
24. Independent Expenditure (use Schedule E)	1183.14	1183.14
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1683.14	1683.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1683.14	1683.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12835.00	12835.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12835.00	12835.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

William Alfini

Mailing Address 1309 Trapp Ln

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Noner

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4187

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Stuart Bernstein

Mailing Address 1500 Sheridan Rd,Apt 3B

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4191

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Marilyn Black

Mailing Address 1630 Sheridan Rd

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4220

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

Stanton Brody

Mailing Address 812 Strawberry Hill

City State Zip Code
 Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4200

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Elizabeth Cittadine

Mailing Address 520 Sheridan Rd

City State Zip Code
 Kenilworth IL 60043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Public Schools

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.4269

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Ann S. Cole

Mailing Address 125 Mary St

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4116

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial) Kevin Conlon Mailing Address 20 No. Wacker Dr., Ste 2200 City Chicago State IL Zip Code 60606 FEC ID number of contributing federal political committee. C Name of Employer Conlon Public Strategies, Inc Occupation Political Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6 Transaction ID: SA11A1.4204 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Philip Corboy Mailing Address 26 Woodley Rd City Winnetka State IL Zip Code 60093 FEC ID number of contributing federal political committee. C Name of Employer Philip Corboy & Associates Occupation Lawyer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.4138 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Bill Crowley Mailing Address 1707 Winnetka Ave City Nirthfield State IL Zip Code 60093 FEC ID number of contributing federal political committee. C Name of Employer Stahl, Cowen & Crowley Occupation Lawyer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.4099 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

Full Name (Last, First, Middle Initial)

A. Arnee Eisenberg

Mailing Address 2448 Pomona Ln

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jelmar, Inc

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4179

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. James Epstein

Mailing Address 500 Forest

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Circuit Court of Cook Cou-
nty

Occupation
Judge

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4110

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Elaine S. Frank

Mailing Address 657 Hibbard Rd

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4206

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)
James J. Greenburger
Mailing Address 620 Gregory Ave

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sachnoff & Weaver

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4173

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Paul Homer
Mailing Address 1193 Terrace Ct

City State Zip Code
Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.4189

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Ethyl I. Katz
Mailing Address 1180 Terrace Ct

City State Zip Code
Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4181

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 28

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial) Carol Klenk Mailing Address 809 Central City Wilmette State IL Zip Code 60091 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.4183 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Nancy Kreiter Mailing Address 380 Sheridan Rd City Winnetka State IL Zip Code 60093 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 0 / 2 0 0 6 Transaction ID: SA11A1.4140 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Denise Macey Mailing Address 96 Woodley Rd City Winnetka State IL Zip Code 60093 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Interior designer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 6 Transaction ID: SA11A1.4194 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 28

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

Russell Mayerfield

Mailing Address 707 Cummings

City State Zip Code
 Kenilworth IL 60043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.4265

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Harriet Meyer

Mailing Address 610 8th St

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Medical Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4169

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Jill Meyer

Mailing Address 490 Sheridan Rd

City State Zip Code
 Highland Park IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4103

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

Martin Robinson

Mailing Address 243 Walden Rd

City State Zip Code
 Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4218

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

George Rosenblit

Mailing Address 298 Leslie Ln

City State Zip Code
 Highland Park IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.4261

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Charles Shea

Mailing Address 30 S. Wacker Dr. Suite 2300

City State Zip Code
 Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4136

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial) Peggy Slater		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 560 Ash St		Transaction ID: SA11A1.4198
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer State of Ill-DCFS	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Mary Stowell		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address 101 Woodley Rd		Transaction ID: SA11A1.4171
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self employed	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Howard Trienens		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 690 Longwood Ave		Transaction ID: SA11A1.4175
City Glencoe	State IL	Zip Code 60022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

Full Name (Last, First, Middle Initial)

A. Annette Turow

Mailing Address 325 Shoreline Ct

City State Zip Code
 Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4259

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ellin Marya Wineberg

Mailing Address 205 Chestnut

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
H&R Block

Occupation
Text Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.4202

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mary Wineberg

Mailing Address 205 Chestnut

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.4196

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)
Babette Zacharias

Mailing Address 755 Sheridan Rd

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4108

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

11000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

Full Name (Last, First, Middle Initial)

A. 10th district Democratic Organization

Mailing Address POB 523

City
Deerfield

State
IL

Zip Code
60015

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4346

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	0	6

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AT&T		Date M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address Bill Payment Center		Amount 18.65	
City State Zip Code Saginaw MI 48663-0003		Transaction ID: SE24.4319	
Purpose of Expenditure Telpehone Bill		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 632.52			
Full Name (Last, First, Middle, Initial) of Payee AT&T		Date M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address Bill Payment Center		Amount 19.48	
City State Zip Code Saginaw MI 48663-0003		Transaction ID: SE24.4339	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1152.68			
(a) SUBTOTAL of Itemized Independent Expenditures		38.13	
(b) SUBTOTAL of Unitemized Independent Expenditures		191.26	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 19 / 28

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Chase Credit Card Services		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 05 / 15 / 2006</div> </div>	
Mailing Address POB 15298		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.38</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Wilmington</div> <div>State DE</div> <div>Zip Code 19850-5298</div> </div>		Transaction ID: SE24.4317	
Purpose of Expenditure Administration		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">613.87</div>	
Full Name (Last, First, Middle, Initial) of Payee Chase Credit Card Services		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 06 / 16 / 2006</div> </div>	
Mailing Address POB 15298		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.38</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Wilmington</div> <div>State DE</div> <div>Zip Code 19850-5298</div> </div>		Transaction ID: SE24.4344	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1167.09</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">10.76</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">191.26</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 07 / 05 / 2006</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Copy Room		Date MM / DD / YYYY 06 / 05 / 2006	
Mailing Address 815 Dempster		Amount 18.67	
City State Zip Code Evanston IL 60201		Transaction ID: SE24.4330	
Purpose of Expenditure Copying		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 966.87			
Full Name (Last, First, Middle, Initial) of Payee Duographix, Inc		Date MM / DD / YYYY 05 / 05 / 2006	
Mailing Address 1803 Wabansia-B		Amount 210.00	
City State Zip Code Chicago IL 60622		Transaction ID: SE24.4308	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 570.01			
(a) SUBTOTAL of Itemized Independent Expenditures		228.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		191.26	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY 07 / 05 / 2006	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Duographix,Inc		Date MM / DD / YYYY 06 / 02 / 2006	
Mailing Address 1803 Wabansia-B		Amount 112.50	
City State Zip Code Chicago IL 60622		Transaction ID: SE24.4329	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 948.20			
Full Name (Last, First, Middle, Initial) of Payee Evanston Bond & Mortgage		Date MM / DD / YYYY 05 / 02 / 2006	
Mailing Address 1732 Orington		Amount 168.75	
City State Zip Code Evanston IL 60201		Transaction ID: SE24.4305	
Purpose of Expenditure Office Lease		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 360.01			
(a) SUBTOTAL of Itemized Independent Expenditures		281.25	
(b) SUBTOTAL of Unitemized Independent Expenditures		191.26	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date MM / DD / YYYY 07 / 05 / 2006	

FEC Schedule E (Form 3X) Rev. 02/2003

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Home Depot		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 6</div> <div><small>D D</small> 1 4</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 2850 Patriot Blvd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.53</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Glenview</div> <div>State IL</div> <div>Zip Code 60025</div> </div>		Transaction ID: SE24.4342	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1161.71</div>	
Full Name (Last, First, Middle, Initial) of Payee R.H. Donnelly		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 1 0</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 200 E. Randolph St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.18</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Chicago</div> <div>State IL</div> <div>Zip Code 60601</div> </div>		Transaction ID: SE24.4315	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">608.49</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">21.71</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">191.26</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 7</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 24 / 28

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Transaction ID: SE24.4336 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____		
Full Name (Last, First, Middle, Initial) of Payee Staples				Date M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 1509 Waukegan				Amount 17.04
City State Zip Code Glenview IL 60025				Transaction ID: SE24.4311
Purpose of Expenditure Category/Type				Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure:		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1106.20		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____		
Full Name (Last, First, Middle, Initial) of Payee Wilmette Post Office		Date M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6		
Mailing Address 1231 Central		Amount 1.50		
City State Zip Code Wilmette IL 60091		Transaction ID: SE24.4311		
Purpose of Expenditure Category/Type		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure:		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 571.51		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____		
(a) SUBTOTAL of Itemized Independent Expenditures		18.54		
(b) SUBTOTAL of Unitemized Independent Expenditures		191.26		
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature _____		Date M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6		

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 25 / 28

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Chamber of Commerce		Date M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address 841 Spruce		Amount 16.80	
City State Zip Code Winnetka IL 60093		Transaction ID: SE24.4313	
Purpose of Expenditure Community Activites		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 588.31			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Graphics		Date M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 1858 Techny		Amount 54.60	
City State Zip Code Northbrook IL 60062		Transaction ID: SE24.4333	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1021.47			
(a) SUBTOTAL of Itemized Independent Expenditures		71.40	
(b) SUBTOTAL of Unitemized Independent Expenditures		191.26	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Graphics		Date MM / DD / YYYY 06 / 14 / 2006	
Mailing Address 1858 Techny		Amount 27.00	
City Northbrook State IL Zip Code 60062		Transaction ID: SE24.4338	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1133.20			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Parks Foundation		Date MM / DD / YYYY 06 / 14 / 2006	
Mailing Address POB 26		Amount 7.50	
City Winnetka State IL Zip Code 60093		Transaction ID: SE24.4340	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1160.18			
(a) SUBTOTAL of Itemized Independent Expenditures		34.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		191.26	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY 07 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 05 / 22 / 2006</div> </div>	
Mailing Address 512 Chestnut		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.18</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Winnetka</div> <div>State IL</div> <div>Zip Code 60093</div> </div>		Transaction ID: SE24.4324	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">666.95</div>	
Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 06 / 06 / 2006</div> </div>	
Mailing Address 512 Chestnut		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">67.69</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Winnetka</div> <div>State IL</div> <div>Zip Code 60093</div> </div>		Transaction ID: SE24.4335	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1089.16</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">87.87</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">191.26</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 07 / 05 / 2006</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00422519</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			Date	
Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office			<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 0 6</div> <div style="text-align: center;">/ D D 2 6</div> <div style="text-align: center;">/ Y Y Y Y 2 0 0 6</div> </div>	
Mailing Address 512 Chestnut			Amount	
			<div style="border: 1px solid black; padding: 2px; display: inline-block;">16.05</div>	
City State Zip Code Winnetka IL 60093			Transaction ID: SE24.4345	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential		
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate supported or Opposed by expenditure:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
			<input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1183.14</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">16.05</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">191.26</div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1183.14</div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 0 7</div> <div style="text-align: center;">/ D D 0 5</div> <div style="text-align: center;">/ Y Y Y Y 2 0 0 6</div> </div>